

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/926451

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		1		1		
5		1		1		
6		2		2		
7		2		2		
8		1		1		
9		1		1		
10	1				2	
11		1		2		
12		2		2		
13		1		1		
14		1		1		
15		2		2		
16		2		2		
17		1		1		
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19					1	
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TOTAL IND.	2		2		2	
TOTAL DEP.		22		16		12
TOTAL CLAIMS	24		18		14	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY